



DROUGHT

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State of Washington SEP 08 2005

Application for a Drought Permit

Please follow the attached instructions to avoid unnecessary delays

For Ecology Use

Fee Paid

Date

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name P.U.D. NO. 1 OF CLALLAM COUNTY Home Tel: ( ) -  
Mailing Address Post Office Box 1090 Work Tel: (360) 452-9771  
City Port Angeles State WA Zip+4 98362 + 9001 FAX: (360) 452-9338

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Michael L. Kitz Home Tel: (360) 457-3035  
Mailing Address Post Office Box 1090 Work Tel: (360) 565-3216  
City Port Angeles State WA Zip+4 98362 + 9001 FAX: (360) 565-1162  
Relationship to applicant Water/Wastewater Systems Superintendent

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 100 ( ☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)  
of Municipal Water Supply (see attached map). ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not  
sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 30 acre-feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From 9 / 1 / 05 to 12 / 1 / 05

Section 4. WATER SOURCE

IF SURFACE WATER						IF GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>1</u> well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): Proposed 6" dia - depth unknown		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	NE	5	29N	5W	Clallam			
For Ecology Use Date Received: <u>9-16-05</u> Priority Date: <u>9-16-05</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>9-27-05</u> By <u>SC</u> Date Returned _____ By _____ WRIA: <u>18</u>								



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Fairview (DOH #432960)
- B. Briefly describe your proposed water system. (See instructions.) The District's existing water system consists of approximately 1,440 residential and commercial customers located in Sections 2, 3, 8-17, 20-23, 27-29, and 32-34 in Township 30 North and Sections 3-5 of Township 29 North, Range 5 West, W.M. Located east of Port Angeles in Clallam County, Washington.
- This system has one 300,000-gallon and one 200,000-gallon reservoir and three sources of water as follows:
- |                                     |                  |  |
|-------------------------------------|------------------|--|
| . Morse Creek Water Treatment Plant | #S2-00076P       | Majority of water mains are 6", 8", & 10". |
| . Bluffs Well                       | #15, P7439       |  |
| . Township Line Well                | Temporary Permit |  |
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1,443 Type of connection 1406 residential/37 commercial  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO  
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. These customers are already served by the Fairview Water System, but need additional water supply due to the current drought.
- Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO  
If yes, when was it approved? 9/8/03 Please attach the current approved version of your plan.  
(Comprehensive Plan CD attached)
- D. Do you have an approved conservation plan? ☒ YES ☐ NO  
If yes, when was it approved? 9/8/03 Please attach the current approved version of your plan.  
(Comprehensive Plan CD attached)

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
  - ‡ Acreage proposed to be irrigated under this application;
  - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:
- Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)
- Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

We will store water in existing 200,000 gal. & 300,000 gal. reservoirs.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

- . From SR 101, drive 4.6 miles up Mt. Pleasant Rd to intersection of Glass Road.
- . Follow gravel road 1.0 miles to project site.

## Section 10. REQUIRED MAP

- A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used?

☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

P.U.D. No. 1 of Clallam County is the potable water supplier to

1,443 existing water customers who own the land on which the water

will be used.

- B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

An agreement to drill and use this well has not been developed with the property owner yet.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Michael L. Kitz  
Applicant (or authorized representative)

9/2/05  
Date

\_\_\_\_\_  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

Ecology is an Equal Opportunity employer.

To receive this document in an alternate format, contact the Water Resources Program at (360) 407-6600 (Voice) or 711 and 1-800-833-6388 (TTY).